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AFFIDAVIT OF SERVICE

INITED STATES DISTR	RG LLP Alyza M. Dermod ICT COURT FOR THE SOUTHER	N DISTRICT OF MISS	<u>I</u> SSIPPI	
	THROUGH AMANDA WILLIAMS AS	GUARDIAN AND NEXT	index No. 3:21-cv-00663-CWR-LGI	
FRIEND	- vs -	PLAINTIF	File No. NONE GIVEN	
THE CITY OF JACKSON	MISSISSIPPI, ETAL	DEFENDAN	Court Date: AFFIDAVIT OF SERVICE	
STATE OF Missis	Sippi, county	of Hinds	:SS:	
Roian &	moore	, being duly sworn	deposes and says:	
	10 ,,,,,,	of ago and resides in	the State of Mississippi.	
Deponent is not a part	ty herein, is over to years o	O://r		
on November 1	2, 3021 a	t 7.45 AL		
at 1402 BEESON SR. NE	APT 39 BROOKHAVEN, MS 39601	Served At	JACKSON MS	
deponent served the w	ithin COMPLAINT, EXHIBIT(S),	JURY DEMAND, SUMMONS	IN A CIVIL ACTION on: JIM CRAIG,	
the <b>DEFENDANT</b> there	in named.			
#1 INDIVIDUAL	By delivering a true copy o person served to be the per	f each to said recipi son described as said	ent personally; deponent knew the person therein.	
#2 CORPORATION	By delivering a true copy o personally,	f each to Senny	brittin Asst Health officer	
	deponent knew the person so of the corporation, and aut	horized to accept ser	rvice on behalf of the corporation.	
#3 SUITABLE AGE PERSON	By delivering a true copy o	f each toion. s: [ ] actual place of	a person of business [ ] dwelling house (usual	
#4 AFFIXING TO DOOR		seek to the door of s	said premises, which is <b>DEFENDANT's:[</b> (usual place of abode) within the	
			DEFENDANT or a person of suitable age	
	on the	day of	atat	
	on the	day of	at	
	on the	day of	at	
	Address confirmed by			
#5 MAIL COPY	On I deposited in the United States mail a true copy of the aforementioned documents properly enclosed and sealed in a post-paid wrapper			
	addressed to the above addressed to the above addressed that said notice is from an served.	ress. Copy mailed 1°t g on the outside there n attorney or concern	class mail marked personal and eof by return address or otherwise s an action against the person to be	
#6 DESCRIPTION (USE WITH #1, 2 OR 3	Deponent describes the p ability at the time and	circumstances of the	oresaid to the best of deponent's he service as follows.	
	Sex:	Color:	Hair:	
	Age:	Height:	Weight:	
#7 WITNESS FEES	OTHER IDENTIFYING FEATURES The authorized witness fee DEFENDANT in the		expenses were paid (tendered) to the	
#8 MILITARY SRVC	amount of \$	en to whether the DEF	TENDANT was presently in military	
	service of the United State informed that <b>DEFENDANT</b> was	es Government or of t	the State of and was	
Vane Mars Gl	11 13 2021		B_ (Moore	
NOTARY NAME DATE	Y PUBLIC A			
ID N	o. 74093 sion Expires e 9, 2024		PM Legal, LLC 1235 BROADWAY 2ND FLOOR NEW YORK, NY 10001 Reference No: 7-LPK-5665526	
FORRE	STCOUNT			
******				

Jim Conic
Defendant: JIM CRAIG  1402 BECSON SR. NE. APT 39 Brookbavel  Note the type of service required:
Note the type of service required:
Personal Service Only Residence Service Acceptable
Notes: Date: 11-12-21 Time: 9:45 Notes: Server Jenny Wrifton in Health Department Ste is Accepting on his behalf Asst. Health Officer
Attempt 2 Date: Time: Notes:
Attempt 3 Date: Time: Notes:
Attempt 4 Date: Time: Notes:
Additional Attempts:
***If process is unable to be delivered, please note the reason and attempts made to locate additional information
Service Information:
At Residence X At Employment
Date: //-/22/ Time: 9:454n
Relationship to person for residence service:  Date: 11 12 2021
Name of Process Server Brian & Moore
***If person refuses to sign for paperwork, please list a brief description of that person on the back of this form